

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020253

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 174

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Brashear	
Length of stay in 1b 10 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PHYSICIAN Kirksville Osteopathic		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSE Middle AUGUST Last SCOTT		4. DATE OF DEATH Month June Day 28 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/11/79
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Knox Co., Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Jacob M. Scott	
13b. MOTHER'S MAIDEN NAME Mary E. Benstein		14. NAME OF HUSBAND OR WIFE Ada O. Scott, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO.	
17. INFORMANT Rowena Kegley, Fargo, N.D.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure DUE TO (b) Acute Congestive Failure DUE TO (c) Advanced Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aplastic Anemia			INTERVAL BETWEEN ONSET AND DEATH
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21: I attended the deceased from 6/20/61 to 6/28/61 and last saw him alive on 6/28/61 Death occurred at 9:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raylaw P. Hagen D.O.		22b. ADDRESS 800 W. Jefferson, Kirksville, Mo.	22c. DATE SIGNED 6/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/61	23c. NAME OF CEMETERY OR CONCRETE Brashear	23d. LOCATION (City, town, or county) (State) Brashear, Adair, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 30, 1961	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

Douglas P. Hayden, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Nova E. Foster

Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.